

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO BOX 473
TRENTON, NJ 08625

INDICATE AUTHORITY(ies):

Mortgage Banker ___ Mortgage Broker ___ Correspondent Mortgage Banker ___

Secondary Mortgage Lender ___ Consumer Lender ___ Sales Finance Company ___

APPLICATION TO ADD ADDITIONAL BUSINESS AUTHORITY
TYPE OR PRINT CLEARLY

1. Name of entity as it appears on the license: _____

Reference No: _____

2. Address and telephone number of principal New Jersey location: _____

_____ Telephone No. _____

3. Contact Person: _____ Telephone No. _____

4. Federal Tax Identification Number _____

5. Check the above box to indicate the business authority(ies) for which you are applying.

6. Is this new authority to be conducted at all licensed locations? ____Yes ____No. If no, please attach a list with reference numbers of the offices that are to be authorized for this business authority.

7. If applying for mortgage banker, correspondent mortgage banker, mortgage broker or second mortgage loan authority, provide the name of the person who is to be the licensed individual of record: _____

8. Does the person named in #7 above have a current individual license for the authority you are seeking? ____Yes ____No. If yes, provide the name and reference number of the company with which they were most recently affiliated.

Name: _____ Reference No. _____

If no, the attached individual application must be completed.

Signature of Corporate President, Partner, Sole Proprietor or
Licensed Individual_____
Date